1	NON-MAZARDOUS 1. Generator ID Number WASTE MANIFEST N Y D 0 0	1986711 1	of 3, Emergency Respons Chemtrec 80	0-262-8	200 5.	racking Number	er DLIBLPD	,
	5. Generator's Name and Mailing Address SAINT-GOBAIN PERFORMANCE PLASTICS (McCAF 14 McCAFFREY STREET HOOSICK FALLS NY 12090 -032							
	Generator's Phone: 518 686-6145 6. Transporter 1 Company Name U.S. EPA ID Number							
	TONAWANDA TANK TRANSPORT						76448	0 1
	7. Transporter 2 Company Name				U.S. EPA ID	Number		
	8. Designated Facility Name and Site Address CHEMTRON CORPORATION 35850 SCHNEIDER COURT AVON OH 44011 Facility's Phone: 440 937-6348 U.S. EPA ID Number O H D 0 6 6 0 6 0 9							
1			10. Cont	ainers	11. Total	12. Unit		
	Waste Shipping Name and Description		No.	Туре	Quantity	Wt./Vol.	A STATE OF THE PARTY OF THE PAR	
GENERATOR	NON-REL-ULATE	D94908	-1 001	Dm	0100	P		
H B	3.							
	4.						#VII.	
	9-1 LP-01 20150310-018 PALKED LAB CHEMICALS D94908							
	*-				4860	28	(a)	
	14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereb marked and labeled/placarded, and are in all respects in					oping name, an	d are classified, packa	ged,
V	Generalor's/Offeror's Printed/Typed Name Christopher Ba	retoky or	Signature	11	nen		Month Day	
INT	15. International Shipments Import to U.S.	Export from	n U.S. Port of er					-
	Transporter Signature (for exports only): Date leaving U.S.; 16. Transporter Acknowledgment of Receipt of Materials							
TRANSPORTER	Transports Printed/Typed Name		Signature	Fr	tilla	7	Month Day	Year //
TRA	Transporter Print di/Typed Name		signature				Month Day	Year
A	17. Discrepancy 17a, Discrepancy Indication Space							
	Quantity	L Туре	L Residue Manifest Reference I	Number:	Partial Rej	ection	Full Reje	ection
FACILITY	17b. Alternate Facility (or Generator)				U.S. EPA ID	Number		4
D FA	Facility's Phone: 17c, Signature of Alternate Facility (or Generator)						Month Day	Year
DESIGNATED	170, Signature of Atternate Facility (of Generator)	L				DECEMBER -	Month Day	I edi
- DESK								
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a								
V	Printed/Typed Name JOSEPH	J. KISKA	iignature			/	Month Day 164127	13
69-BLS-C 6 10497 (Rev. 9/09) DESIGNATED FACILITY TO GENERATOR								